

VENDORS' QUESTIONS
SOLICITATION NO. MDH/OPASS 20-17751
Financial Management & Counseling Services
7/30/19

1. Is the participant always the employer or can a legal guardian or other representative be an employer?

DDA & OLTSS response: Representatives may assist the participant in self-directing their services. The person is considered the Employer of Record-- if they have a legal guardian, that person will serve on the person's behalf as the Employer of Record.

DDA's response: Please refer to the DDA's Waivers that offer the option of self-directed services. This is service delivery for individuals with developmental disabilities and/or designated representatives who wish to exercise more choice, control, and authority over their supports. Self-direction gives waiver participants and families greater control over the services they receive, how they receive them, and who provides them. At the same time, people who self-direct must be willing to take on the responsibility of managing their services. <https://dda.health.maryland.gov/Pages/Self-Determination.aspx>

2. What insurances are included in the following statement on pg 10 2.2.1.a.? **"Financial Management Services"** The Contractor shall provide the following Financial Management Services: (1) managing employment taxes and insurance;"

DDA & OLTSS response: Workers compensation and any other insurance offered by the participant to their employees as part of a benefits arrangement.

3. On pg 13 it states that the FMS must "File a signed IRS Form 8821 for each Participant it represents and maintain copies of the Form in each Participant's file." The IRS no longer requires that this form be filed by each participant/employer but only if necessary. If the form is signed and kept in record to file is that Is that an acceptable process?

DDA & OLTSS response: The IRS does state that the Form 8821 is now voluntary. The FMS is required to ask the participant to complete and file it only if necessary. The FMS should explain to the participant why the form is needed and document the explanation. Offerors should include in their proposals any additional details about how this process would be managed and documented.

4. Is an in-person meeting expected to enroll and train the employer?

DDA & OLTSS response: In-person meetings may be necessary to provide the full scope of assistance needed by the applicant/participant to fully understand and complete the process. Offerors should clearly describe in their proposals all methods used to educate applicants and participants and all available supports proposed to enroll and train the employer.

5. Please clarify this statement on pg 15 “32. Assist Participants in the management of public funds (i.e. Medicaid, State, Social Security) to include receiving, disbursing and tracking the public funds in accordance with Federal and State requirements. The Department may at any time, and at its discretion, audit the utilization reports inclusive of claims and expenditure information.” The FMS receives the funds not the participant, correct?

DDA & OLTSS response: The participant does not receive direct cash payments or have direct access to Medicaid funds. The awarded FMS vendor will utilize public funds to make payments on behalf of the participants.

6. pg 15, 33. Please clarify when the participant can begin services? Can they start once enrollment packets are completed begin or when their employee is deemed eligible or an authorization is received?

OLTSS response: All employees must meet all qualifications and be determined eligible prior to the provision of services and any payment for the OLTSS programs.

DDA's response: No, all employees must meet all qualifications as defined in the RFP and the DDA waivers prior to provision of services and the DDA's Regional Office will approve based on the requirements and authorization of any payments by the FMS on the person's behalf.

7. Please explain further the process on page 15, 34 “. Manage the access to the Health Risk Screening Tool (HRST) database containing the Participant Health Information of the Participant in SDS. The selected Contractor will serve as the gatekeeper for the FMS agency to allow access for their staff to monitor the HRST status and payment if indicated.”

OLTSS response: OLTSS programs do not use the HRST.

DDA's response: The Chief Executive Officer, Executive Director or their designee assigns an individual to be the gatekeeper for the agency. When the gatekeeper changes, DDA Headquarters is notified of the change. The gatekeeper obtains a copy of the user information template from DDA's Director of Nursing. The completed user grid is submitted to the HRST via email.

8. What is the frequency of which and type of hearings can occur? pg 16. C.4. “Cooperate with appeal hearings in response to any appeal filed by a Participant regarding any action taken by MDH, its representatives or federal officials.” Is participation in-person?

OLTSS response: This requirement refers to appeals related to plan of service decisions made by the FMS vendor. Appeal hearings occur at a frequency relative to the denial or disenrollment decisions that are made and appealed by the participant. In the current OLTSS programs, the Plan of Service unit issues decisions on over 20,000 plans of service for 13,000 participants annually. The denial rate in FY17 was 4.6%. The Department attended 197 appeals during FY17. So far in FY18 the denial rate is 8.1%, and the Department has attended 345 appeals. Potential offerors should note that these

numbers are for the total OLTSS program participation. It is estimated that a relatively small percentage of the total population will elect to self-direct in the first year.

DDA response: Please refer to the DDA's appeal process as indicated in the waivers which can be found at Community Pathways-
https://dda.health.maryland.gov/Pages/Community_Pathways_Waiver_Renewal_2018.aspx; Community Supports Waiver:
https://dda.health.maryland.gov/Pages/Community_Supports_Waiver.aspx and the Family Supports Waiver:
https://dda.health.maryland.gov/Pages/DDA_FAMILY_SUPPORTS_Waiver.aspx

9. pg 17, d.4 How much in-person technical assistance is expected to be provided?

DDA & OLTSS response: Offerors should clearly outline in their proposal the amount of in-person assistance to be provided for each service, FMS and Counseling. The proposed staffing plan should reflect the resources needed to provide in-person assistance to those who request and need it to successfully self-direct.

10. Pg19 e.3.b. Please explain what is considered a usual, reasonable and customary charge.

OLTSS response: Offerors should clearly outline in their proposal the guidelines and methods to be used for this requirement.

DDA's response: The DDA provides a guideline of usual and customary rates for people that Self Direct this information is located on the DDA's website at:
<https://dda.health.maryland.gov/Pages/sdforms.aspx>

11. pg 19, e.4.c. Who determines if a purchasing request is a health and safety request? What instances qualify for a health and safety request?

OLTSS response: For the OLTSS programs, the awarded vendor will make determinations regarding the approval of services and purchases as medically necessary to prevent institutionalization, compliant with all applicable regulations, and that the plan of service meets health and safety needs. The existing plan of service used in the agency-model for the OHS programs includes a checkbox for the supports planners to use to indicate that the plan does meet the health and safety needs of the participant. Existing plans of service also incorporate strengths, goals, risks, and emergency back-up plans. These plans are created using a person-centered planning process with the participant, their representatives, and the supports planner. Offerors should include in their proposals the methods they will use to meet the requirement.

DDA's response: DDA has transformed its' programs, policies and funding processes to put people with developmental disabilities at the center of our efforts. The person and their team determine the type of services that are needed for the person based on assessed need and what is important to and for the person, the awarded vendor will receive an approved plan and budget that has been reviewed and approved by the Regional Office.

12. How many participants self-directing will have goods and services on their Service Plan?

OLTSS response: In FY17, 197 participants had goods and services approved on their Plan of Service for the OLTSS programs.

DDA's response: For DDA please refer to the approved waivers section on goods and services. In the Community Pathways Waiver, Individual Directed Goods and Services will continue to be provided for participants choosing the self-directed service delivery model and will now be called Individual and Family Directed Goods and Services. The service limit was increased from \$2,000 to \$5,500 per year from the total self-directed budget of which \$500 is dedicated to staff recruitment and advertisement.

13. pg 20, e.9.a Will the FMS be provided a list of items that are extremely prohibited?
OLTSS response: No. For the OLTSS programs there is no such list. All items must be approved on the plan of service and meet all program, state, and federal regulations.

DDA's response: All items must be approved in the person-centered plan that is approved by the DDA's Regional office and provided to the awarded vendor; the DDA's waivers indicate what is allowable and what is not allowable in each waiver.

14. pg 20, f.2. What is expected of the FMS with "assisting" the employer in completing their employee's I9?

DDA & OLTSS response: Overall the awarded FMS must be knowledgeable of all IRS requirements related to completing the I-9 Form. The IRS does not require the supporting documents to be on file and the FMS can collect just the completed I-9 Form. The IRS does not require the supporting documents to be copied. If the FMS does photocopy the documents of one new hire, it must photocopy the documents of all new hires.

15. pg 20 f.3. What type of background check is required? State or national? Who pays for the background check? How much does the check cost?

OLTSS response: For the OLTSS programs, a criminal history records check is required on all direct service workers including nurses, in accordance with the procedure for a State criminal history records check established under Health-General Article, Title 19, Subtitle 19, Annotated Code of Maryland.

DDA's response: DDA requires background checks on all DSPs, Providers, Nurses, Vendors etc. they must adhere to the DDA waivers and procedures for State criminal records checks under the Health General Article. The FMS submits an invoice to the DDA on a quarterly basis and the typical check per person is \$50.

16. pg 20 f.4. What other qualifications may be expected for an employee that the FMS would need to document?

DDA & OTLSS response: Qualifications include CPR and first aid certification, the criminal history records check, and any other qualification set by the participant and for DDA programs qualifications indicated in the Waivers.

17. Is it acceptable to process payroll every two weeks?

OTLSS response: For the OLTSS programs, agency providers are currently paid on a weekly basis and most workers at those agencies follow the weekly pay cycle. However, offerors may propose alternate pay cycles and should clearly explain their payroll process and schedule in their proposals. Any limitations on participant choice and control of the pay schedule for employees should be clearly noted and described in the proposal. Any exception or allowances for participant choice should also be included in proposals.

DDA's response: For participants in the SD service delivery model, they are the Employer of Record and have Budget Authority, based the payment schedule may vary from payment of their employees weekly or bi-weekly however, as OHS indicated, the offerors may propose a pay cycle and explain their payroll process.

18. Is it acceptable to pay employees by direct deposit and debit card?

DDA & OTLSS response: Offerors should clearly describe the payment options and limitations in their proposals. The philosophy of the program is to maximize participant choice and control, so any restrictions placed on participants related to payment of their employees should be clearly described in proposals. Exceptions and allowances for participants with unique needs or situations should be noted as well.

19. Is it acceptable to pay by direct deposit and debit card only (no paper checks)?

DDA & OTLSS response: Offerors should clearly describe the payment options and limitations in their proposals. The philosophy of the program is to maximize participant choice and control, so any restrictions placed on participants related to payment of their employees should be clearly described in proposals. Exceptions and allowances for participants with unique needs or situations should be noted as well.

20. What is the average number of employees per participant?

OTLSS response: OLTSS programs currently do not have a self-directed option, and no averages to report.

DDA's response: There is no estimate just actual, people have an option to Self-Direct and depending on their person centered plan and assessed need or service this can vary per person.

21. What is the size of the expected payroll across participants for all of their employees?

OTLSS response: For the OLTSS programs, there is no current self-direction program and no estimates to report. The average per member per month cost for CFC participants is near \$2,300.

DDA's response: There is no estimate just actual, people have an option to Self-Direct and depending on their person centered plan and assessed need or service this can vary per person.

22. pg 22 2.3.4 How many participants are expected to need counseling services?

DDA & OTLSS response: Please refer to the estimates in the financial bid proposal attachments. The Department does not guarantee a minimum or maximum number of participants.

23. Can the responder receive a copy of an IEIP available for review?

OLTSS response: For the OLTSS programs, there is no incumbent and no existing IEIP to share. Offerors should include in their proposals details of the contents or draft versions of the proposed IEIP.

DDA's response: Offerors should include in their proposals details of the contents or draft versions of the proposed IEIP.

24. pg 23 d. Please explain what the underlined means, "The Contractor's Counseling Division shall develop and provide an Individual/Participant (or their representative) employer orientation and skills training, subject to the Contract Monitor's approval, in a manner consistent with Participant SD, decision-making and managerial authority."

DDA & OTLSS response: The requirement includes that the contract monitor must approve training materials and content prior to implementation with participants. It also requires that the materials are consistent with the program's philosophy of self-direction, maximizing participant choice and control, and providing participants and their representatives with the supports necessary to self-direct. It also includes the requirement to provide orientation and training on the decision-making and management skills necessary to successfully employ and manage workers.

25. Is Counselor training to the participant expected to be in-person?

DDA & OTLSS response: In-person meetings may be necessary to provide the full scope of assistance needed by the applicant/participant to fully understand and complete the process. Offerors should clearly describe in their proposals all methods used to educate applicants and participants and all available supports proposed to enroll and train the employer.

26. pg 23 d.1 Is training separate from enrollment and orientation or is it acceptable to include as part of the enrollment and orientation process?

OTLSS response: For the OLTSS programs, not all people who receive counseling will choose to self-direct and enroll in FMS services. However, if a participant chooses to self-direct, the Department does not have restrictions that would prevent enrollment activities occurring immediately after counseling is provided. However, participants must be afforded choice and should not be enrolled in FMS services for ease or convenience of the vendor. Offerors should include in their proposals the methods for conducting counseling and FMS enrollment, including any overlap in the services and methods to ensure participants are given the opportunity to fully understand the rights and responsibilities associated with self-direction prior to choosing to self-direct and full FMS enrollment.

DDA's response: Not all people in the DDA program will choose to use counseling services, however, this is a service that is used as a resource for those who elect to utilize it. Offerors should include in their proposals the methods for conducting counseling and methods to ensure participants are given the opportunity to fully understand the rights and responsibilities associated with self-direction as the Employer of Record and having Budget Authority.

27. pg. 23 d.3 Is the contractor expected to develop a pre and post training test to demonstrate that learning objectives are met or will this be provided by the state?

DDA & OTLSS response: The Department will not provide any testing materials. Offerors should include in their proposals the methods to be used to evaluate and assess a participant's understanding of the requirements necessary to perform the role of an employer and the program requirements.

28. Are training materials expected to be developed in other languages? If so what languages?

DDA & OTLSS response: The awarded vendor must comply with the Departments Limited English Proficiency (LEP) Policy and Section 1557 requirements. The LEP policy can be found at

<https://health.maryland.gov/Documents/01.02.05%20LEP%20Policy%20%20-%203-22-16.pdf>

For the OLTSS programs, the most commonly requested languages for interpretation are, in descending order: Russian, Korean, Spanish, Chinese- other, Farsi, Vietnamese, French, Mandarin, Gujarati, Amharic, and Urdu.

29. What training is expected of the employee? Does the FMS have to track training for the participants employee(s)?

DDA & OTLSS response: Training required includes CPR and First Aid in addition to any training required by the participant or (any applicable requirements in DDA's Waiver or Policies). The awarded vendor shall track the training of the participant's employee(s) to ensure that required training is completed and up to date.

30. What is the average number of employees per participant?

DDA & OTLSS response: Duplicate of #20

31. Can the budgets and Service Plans in PCIS2 be electronically imported to the Contractor's automated system?

OTLSS response: OTLSS programs do not utilize PCIS2.

DDA's response: There will be a data extract from LTSS to the FMS. The DDA will work with the awarded vendor during this transition. The Administration is currently working in phases of transitioning from the PCIS2 system to the LTSS system.

32. What is the average size in dollars of a participant's budget?

OTLSS response: For the OTLSS programs, the average per member per month expenditure is approximately \$2,300. This is inclusive of all services, including those paid outside of the flexible budget, such as supports planning and nurse monitoring.

DDA's response: For people in DDA's Self Direction program, the budget amounts are determined based on a person's assessed need and the Person Centered Plan. Budgets vary from person to person.

33. pg 30 Is there a percentage associated to under-utilized or over utilized-budgets that should be reported? For example, if over or under 10%?

DDA & OTLSS response: Offerors should propose the threshold for variance to be reported in their proposals.

34. Are participants pre-authorized for services? Is the authorization sent to the FMS electronically?

OTLSS response: For the OTLSS programs, the FMS vendor will be responsible for pre-authorizing services via the plan of service approval process.

DDA's response: A person centered plan and budget must be approved by the DDA prior to the vendor authorization of payment.

35. What is the process followed if a participant is noticed to be overspending their budget in the budget year and will run out of service dollars?

DDA & OTLSS response: This process should be proposed by the offeror. The offeror should include in their proposals the process of tracking and monitoring payments, identifying over-utilization, any methods of preventing over-utilization via timekeeping or other method, counseling and assistance provided to the participants related to spending and using their budgets, and any escalation procedure proposed.

36. Are budget categories flexible meaning if the participant underspends in one category it can be shifted to another category.

OLTSS response: For the OLTSS programs, the flexible budget consists of three services; personal assistance, home-delivered meals, and other items the substitute for human assistance. The flexible budget can be redistributed across these categories as needed, within the limitations for each service and the overall flexible budget total. Redistribution of the budget requires a revised plan of service and pre-authorization of the change.

DDA's response: The DDA has policies that a person must adhere to regarding budget flexibility within line items. For all other plan changes a person must go through the person centered planning process as indicated on the DDA's website please refer to the PCP guide at: https://dda.health.maryland.gov/Pages/Person-Centered_Planning.aspx

37. How often do authorizations for services change? Does an individual need a new authorization each time they want to make a change to their budget?

OLTSS response: For the OLTSS programs, yes, changes to the use of the flexible budget do need to be pre-authorized. Participants may request a change in their services at any time by submitting a new plan of service. Participants must update their plan at least once per year.

DDA's response: For DDA people may change their Person Centered Plans at any time throughout their plan year. Plans are reviewed and approved by the Regional Office prior to vendor payment authorization.

38. Are service hours, i.e. hours worked by employees such as personal care, capped within a week, month or year?

OLTSS response: For the OLTSS programs, personal assistance is reimbursed hourly up to 12 hours per day, at which point a daily rate applies. The participant will be limited in service hours by the limits of their flexible budget and documented needs for covered services. The flexible budget must cover the requested service level for a full 52-week period.

DDA's response: The person is the Employer of Record and based on the service type, unit amount indicated in the Person Centered Plan which is based on a full 52 week period does vary by person.

39. Is overtime pay built in to the budget for a participant?

OLTSS response: For the OLTSS programs, the participant must pay any overtime from the existing flexible budget. There is no additional budget or coverage for overtime payments.

DDA's response: A person must pay any overtime from their existing approved budget amount. There is no additional funds added to a person's budget to cover overtime.

40. Pg 32.m Is there a readiness review checklist that the contractor can use to prepare for the review?

DDA & OLTSS response: Neither DDA or OLTSS have an existing readiness review to share.

41. Please explain the MBE of 20% further? If the offeror does not meet this criteria are they not eligible to submit a proposal?

a. Please give more information about how to complete the MBE in relation to the completion of the financial proposal that was discussed at the pre-conference proposal.

DDA & OLTSS response: On Attachment D-1, the offeror must agree to meet the established MBE goal or they may request a waiver. If there are other bid submissions that do not request a waiver, that information, along with the number of available MBE subcontractors, is taken into account when determining whether or not to grant a waiver. The intention to request a waiver does not preclude a vendor from submitting a bid or proposal.

42. During the pre-proposal there was discussion about needing to be a waiver provider in order to qualify for providing financial management services. Please elaborate.

DDA's response: please refer to the DDA's provider application process located at <https://dda.health.maryland.gov/Pages/providers.aspx>

43. How is workers compensation reimbursed to the FMS? Directly from the participant's budget or as a direct reimbursement to the contractor?

DDA & OLTSS response: Workers compensation is reimbursed directly from the participant's budget. There is no administrative reimbursement for this insurance. For DDA, the person is the Employer of Record and must adhere to the employment laws and will negotiate their employees benefit and wage amount that is in accordance to DDA's policy and within the usual and customary rate range.

44. Can the cost for financial management services and counseling services be submitted as two different charges so that counseling costs are only applied to those participants who qualify?

DDA & OLTSS response: Yes, but it is not necessary. Invoices must include details of the goods and services provided and amounts for each service can be outlined on a single invoice. Please see pages 32-33 of the RFP.

45. How many participants are expected to need counseling services?
Duplicate of #22

46. Is there a current reimbursement fee for counseling services? If so what is the fee?
OLTSS response: OLTSS programs currently do not have a self-directed option.
DDA's response: This is not a current service and no fee schedule has been established.

47. Is there an established rate for a monthly service charge for fiscal management services?

OLTSS response: OLTSS programs currently do not have a self-directed option.

DDA's response: A fee schedule has not been established.

48. Does the state expect a per member per month fee for fiscal management services to include the cost of training and other contract deliverables?

OLTSS response: For the OLTSS programs this is not a current service and no fee schedule has been established.

DDA's response: A fee schedule has not been established.

49. Page 2 ¶2.1.3

1. What is the back-up or alternate plan if the FMS awarded does not perform as to the contract or provide the deliverables in a timely manner?

DDA & OLTSS response: Please refer to Section 3.4 Liquidated Damages (pg 33)

2. Doesn't a sole contact award negate the individual's right/freedom of choice?

DDA & OLTSS response: The freedom of choice of provider requirement relates to direct services and not administrative contracts. This RFP will result in an administrative contract and is not a standard Medicaid provider enrollment process.

3. What is the alternate plan if the participant wants to use his / her budget authority rights and recommend another funding source ... will the FMS be able to subcontract that function to another institution?

Response: Do not understand the question. Additional clarification is needed.

49. Page 2 ¶1.4

1. Shouldn't the offerors primary location be in Maryland and not the subcontractor location?

DDA & OLTSS response: Please refer to Section 2.3.3 which states "Contractor shall maintain a local office in the State of Maryland for access of self-directed and Counseling Services".

2. Is the subcontractor required to hold the same insurance as the prime?

3.6.1

DDA & OLTSS response: The insurance requirements of subcontractors are an administrative determination to be made by the Contractor.

3. What is the proposed payout or plan if the participants information is compromised and if the participants are awarded a claim to no fault of his/her own how can we ensure that this will count as income to hinder his/her services/supports?

DDA's response: The offeror should include in their proposals a detailed explanation of the process and policy to ensure that a person's data is not compromised or breached in addition to what systems will be in place to support this process.

4. Will the participant be provided a form listing everyone or company or firm that may have access to their information to ensure they are notified for HIPPA information sharing? **Yes**

50. Page 2 ¶2.2.1

1. Please explain/provide the functional responsibilities/differences between the following roles as it pertains to individuals in self-direction services;

A. **Support Planner - OLTSS response: The role of the supports planner can be found here**

<https://mmcp.health.maryland.gov/longtermcare/Resource%20Guide/02.%20SPA%20Provider%20Solicitation/2017%20Supports%20Planning%20Solicitation.pdf>

B. **Support Broker- DDA's response: please refer to the DDA's waivers located at <https://dda.health.maryland.gov/Pages/DDAWaiversAmendment2-2019.aspx> Appendix E. Participant- Direction of Services. The Role of the Support Broker is defined.**

Counseling Services

51. Page 2 ¶2.2.1

1. If the OHCDs subcontracts functions to Medicaid and Non-Medicaid providers to support program participants Why not utilize offer these positions to existing Support Brokers who are currently certified and providing services to individuals under the self-direction waiver?

DDA's response: please refer to the DDA's waivers located at <https://dda.health.maryland.gov/Pages/DDAWaiversAmendment2-2019.aspx> Appendix E. Participant- Direction of Services. The Role of the Support Broker is defined.

2. What is the criteria for secured data exchange and will this be offered to support brokers that are part of the team as they will work with the individuals and the FMS, CCS and family members to assist the participant?

OLTSS & DDA's response: There will be a data extract from LTSS to the FMS. The DDA and OLTSS will work with the awarded vendor during this transition.

3. Will the Counseling services have set hours for support per person and number of hours they offer to each participant per month and what happens if they run over the number of hours?

DDA's response: Not all people in the DDA program will choose to use counseling services, however, this is a service that is used as a resource

for those who elect to utilize it. Offerors should include in their proposals the methods for conducting counseling and methods to ensure participants are given the opportunity to fully understand the rights and responsibilities associated with self-direction as the Employer of Record and having Budget Authority.

OLTSS response: Offerors should include in their proposals the methods for conducting counseling and methods to ensure participants are given the opportunity to fully understand the rights and responsibilities associated with self-direction as the Employer of Record and having Budget Authority.

4. Since the Counseling services will be invoicing the FMS on the back end (fee for service) will the rates be passed on to the participants increasing the rate the FMS bills monthly? Or will this be a flat fee for the number of years of the contract?

DDA & OLTSS response: this is not a current service and no fee schedule has been established.

5. Will the counseling services have a contact agreement with the client as the support brokers currently hold?

DDA Response: No, the counseling services should be a service offered by the FMS

6. What happens if the counselor assigned does not work for the participant what rights does the participant have and what is the expected turn-around?

DDAs Response: The counseling service is not support brokerage or case management. If they are dissatisfied, they would need to discuss with the FMS for resolution. The FMS should propose the process and protocol in their RFP response

7. Since the Counseling Services works for the FMS what is the surety that the complaint is being heard and the corrective action is taking place? DDA's response: What would the prospective bidder proposed based on MDH policies and procedures. See response to #6

52. Page 3 ¶2.2.1 Sub a

1. There is a mention of the CFCC and CPAS but no mention of the Support Planner position. Is this counselor position replacing the support planners' position?

Response: No, the counselor will not replace the supports planner for individuals enrolled in the CFC/CPAS programs

2. Also, if the same staff works across the CFC and self-directed platform who will pay for the overtime if the staff works more than 80 hours per pay? And will the fix hours still apply to family members who are staff for their individuals?

OLTSS response: In the OLTSS self-directed programs, any overtime payments should be anticipated and approved in the plan of service within

the flexible budget amount. The offeror should include in their proposals a detailed explanation of the process and policy that is proposed to manage overtime payments, including a process for tracking and reporting unanticipated overtime costs.

DDA response: People in service have a person centered plan that is based on their assessed however if there are instances that person staff acquired OT then the offeror should include in their proposals a detailed explanation of the process and policy that is proposed to manage overtime payments, including a process for tracking and reporting unanticipated overtime costs.

53. Page 3 ¶2.2.1 sub b.

1. How will the process for the counselor services providing assistance with hiring, recruiting, managing, and dismissing employees work?

DDA's response: The person is the Employer of Record and has Budget Authority. The Counselor will provide support and technical assistance to the person on Employer related functions such as TA on hiring, recruiting, managing and dismissing employees (this list is not all inclusive of employer related functions).

1. Under the self-direction option this is one of the authorities the participant and their designated rep and or family member have... Has this change as per the waiver? And currently this is a function in which the support brokers assist the individuals/ designated rep and or family with so, is the support broker being replaced? Is this not duplication of service? Why can't the role of the current service provider (Support Broker) be increased to truly become an HR rep for the individual?

DDA's response: please refer to the DDA's waivers located at <https://dda.health.maryland.gov/Pages/DDAWaiversAmendment2-2019.aspx> Appendix E. Participant- Direction of Services. Roles are defined.

2. Will the counselor services be required to perform monthly visits?

DDA's response: That is to be determined by the offeror and included in its Technical Proposal.

54. Will the function of the Counselor Service eliminate the \$500 for the participant to recruit his/her own staff?

DDA's response: No. please refer to the approved waivers section on goods and services. In the Community Pathways Waiver, Individual and Family Directed Goods and Services is defined.

1. Will they have access to the PCP to report progress and plan update information?

DDA's response: No, we expect report on progress from the case manager. If so, where a support broker is in place will this function be extended to them as well?

2. Will the counselor report back to the FMS for terminations and if so, what is the turn-around time as well as the certainty that the person will get paid for the time they work and not anymore?

DDA's response: That is to be determined by the offeror and included in its Technical Proposal.

3. It also states that the counseling services will provide training to direct service workers. Is this CPR? First Aid? Services as it pertains to caring for the individual? Finding resources? Timekeeping ... Please elaborate with examples.

DDA's response: Counseling services is for the person who is the Employer of Record that would require assistance in coaching and mentoring related to HR responsibilities.

OLTSS response: Training required includes CPR and First Aid in addition to any training required by the participant. The awarded vendor shall track the training of the participant's employee(s) to ensure that required training is completed and up to date.

4. Will the CCS or the FMS be required to ask is the participant OPTs OUT of having or using counseling services or support broker services? DDA's response: Yes. These conversations will be part of the Person-Centered Planning Process. What is the follow-up to ensure that the participants and families are being given this option as freedom of choice? DDA's response: This is a part of the CCS role.

55. Page 3 ¶2.2.2

1. Currently the team assist the individual in developing the PCP as it pertains to the star topology in the person centered plan guide for LTSS. Will this process be eliminated? If the Counselor Services are offered to the client in lieu of a Support Broker shouldn't the services which the participant be offered equivalent?

DDA's response: If the participant chooses to exercise their option to not use the support broker services, they will be offered counseling services. They can choose to use or opt out of both services.

2. ¶2.2.3 What is meant by the FMS will provide payroll as a need basis? What is the other option?

Response: For the OHS programs, agency providers are currently paid on a weekly basis and most workers at those agencies follow the weekly pay cycle. However, offerors may propose alternate pay cycles and should clearly explain their payroll process and schedule in their proposals. Any limitations on participant choice and control of the pay schedule for employees should be clearly noted and described in the proposal. Any exception or allowances for participant choice should also be included in proposals.

56. Page 3 ¶2.2.3 If DDA and LTSS estimate Financial Management payroll services for 1,655 in self-directed service ... what is the other alternative if they are not required to switch?

DDA's response: The Traditional Service Delivery Model

57. With the counselor service are you looking to eliminate the support Broker role because the current support Broker role as per the waiver is as follows;

Support Brokers, as the human resource support, are an active member of the participant's team provide information, coaching, and mentoring related to:

1. Risks and responsibilities as the common law employer;
2. Practical skills such as recruitment, hiring, training, scheduling, managing and terminating workers, and conflict resolution;
3. Employer and staff required forms and documents;
4. Development and adjustment to staff and service schedules;
5. Effective supervision techniques and staff evaluation strategies;
6. Managing service budgets, reviewing and approving timesheets or other invoices, reviewing monthly statements from the FMS, and budget adjustment strategies;
7. Recognizing and reporting incidents and filing complaints as per the Policy on Reportable Incidents and Investigations; and
8. Risk management agreements

DDA's response: No. The Support Broker role will not be eliminated, it is an optional service that a person self-directing may opt to choose or not use as a waiver service.

58. Without this interaction and oversight staff may not be paid which would put the participant at risk for health and safety. If staff is transporting the client in the community for employment or integration this service will be lost and impact the client. How would you propose to address this issue?

Response: Do not understand the questions. Additional clarification is required from the vendor.

59. Page 3 ¶2.3.1 When the participant chooses self-directed option (assuming these are transitional youths and or individuals transitioning from providers service) the contractor will assist the participants with counseling services and financial management services.

1. Will the participant be offered support Broker services as an option? Or is this a transition for all participants to enroll in with counselor and eliminate the support Broker role? If not, where will the support Broker list be published and when will the agreement be updated for the client signature? Why is it that the counselor appears to duplicate services of the support Broker and the CCS and the Support Planner? What is the difference with their roles? How will they impact the individual?

DDA's response: Please refer to the Person-Centered Planning process to understand how a person works with their team to discuss their assess needs and

what is important to and for them. Please also refer to the DDA's waiver Appendix E. Appendix E. Participant- Direction of Services to understand Self-Direction and roles associated with the service delivery model.

2. Will the counselor be required to go through certification training like the support brokers are required to renew their certification every 2 years?

DDA's response: This process should be proposed by the offeror.

3. What is the plan for the FMS to communication with individuals who have no internet access or computers? Will the counselor visit the individuals' bi-weekly to assist staff and participants with their timesheet?

DDA's response: This process should be proposed by the offeror.

60. Page 6 ¶2.3.2 #26 Elaborate on what is meant by the Department will provide referrals SOLELY to the FMS and counseling services of individuals who are expressing interest in self-directed services. How will the support brokers find out who is interested or how will the participant be offered and option?

DDA's response: These are conversations that are part of the Person-Centered Planning Process with the CCS and the person's team.

61. Why is the relationship with the support Broker and the participant a reportable/documenting interest?

DDA's response: Support Brokers are certified by the DDA and paid through federal funds to provide a waiver service as noted in the DDA Home and Community Based Services Waivers.

62. How will the FMS train participants in managing and monitoring payments to workers and what training will be provided?

DDA's Response: This would be proposed by the FMS during their RFP as part of their technical response to the RFP based on the scope of work

63. Page 7 ¶2.3.3 Sub 33

1. Please elaborate in detail what is the enrollment packet and what information is being requested?

DDA's response: Offerors should include in their proposal what is inclusive in the enrollment packet.

2. If the support Broker is part of the team explain how they are expected to interface with the FMS?

DDA's response: The interface should be occurring with the participant and the FMS.

3. If the FMS is to house and manage the HRST will they be required to verify the nursing services credential for input/participant updates and will the FMS have to get updated approval for the participant for each individual to assess this file as in compliance with HIPPA Guidelines?

DDA & OHS response: This process should be proposed by the offeror. The offeror should include in their proposals the process of tracking and monitoring payments, identifying over-utilization, any methods of preventing over-utilization via timekeeping or other method, counseling and assistance provided to the participants related to spending and using their budgets, and any escalation procedure proposed.

64. Page 8 Will the support brokers be granted access to the customer service login to ensure secure login and information sharing as part of the team?

DDA's response: All information will be shared based on the person if they choose to share with their team or the CCS as part of the person-centered planning process.

65. Page 10 since the information will be stored in a data center if the contractor falters will DDA pick up the expense to maintain this data or what will be the process to continue to protect this data?

DDA's response: The awarded vendor is responsible for ensuring that all information security requirements are met. Offerors should include in their proposals the data systems and quality assurance process to be used to meet the requirements of the solicitation.

66. Page 13 Since DDA will provide referrals to the FMS and the Counseling Service will they also provider referrals to the support brokers?

DDA's response: No, referrals are given to the FMS regarding people who choose to opt out of utilizing the Support Broker services.

67. Will the support Broker and their functions be explained in the brochure the FMS must provide to participants?

DDA's response: No. The Role of the Support Brokers are indicated in the waiver Appendix E. Participant- Direction of Services

68. Page 15 will the IEIP replace the PCP?

DDA's response: DDA only utilizes a PCP for its' programs.

69. 2.3.4 sub c Implies that a counselor will be provided to each individual on self-directed services Can this function be extended to support brokers? If not, please explain?

DDA's response: Counseling services are for people who choose to opt out of utilizing the Support Broker services. This service is only for people who receive waiver services or have designated representative to act on their behalf as the Employer of Record.

70. Section 2.1.1 a) states: *“The Contractor shall develop an Incoming Employer Implementation Plan (IEIP) within twenty (20) Business Days from the Go-Live Date to be approved by the Contract Monitor. The IEIP is for collecting information on, and following-up with, Individuals/Participants (or their representatives) who are enrolled in the DDA Waivers, CFC or CPAS, those enrolled in Medicaid but not in one of the programs, and those who are not yet enrolled in Medicaid but who have expressed an interest in Self-Directed Services.”* Please describe the Contractor’s responsibilities for collecting information and following-up with non-Medicaid individuals.

DDA’s response: That is to be determined by the offeror and included in its Technical Proposal.

71. Section 2.2.1 b) states: *“Counseling Services are only applicable to DDA programs only if a person opts out of having a Support Broker indicated in their Person Centered Plan (PCP); the counseling services do not and do not supplant or replace the Support Broker service in the DDA programs.”* May the Contractor bill DDA for one month of Counseling Services to all DDA participants in lieu of a start-up fee so that Counselors can conduct initial participant and provider (employee) enrollment with the FMS and basic orientation and training to roles and responsibilities within self-direction?

DDA’s response: Not all the participants may choose to use counseling services, therefore, we look forward to the offeror’s proposal.

72. Will the change in the FMS fee structure for DDA from the incumbent FMS fee structure (a start-up fee followed by fees based on number of employees or vendors or based on the amount of the individual budgets), impact the individual spending plans or service authorizations? If so, who will be responsible for revising spending plans and service authorizations for DDA participants?

DDA’s response: The offeror can propose the fee structure within their response.

73. Since participants can be enrolled in Community Pathways and CFC or CPAS at the same time and have the same employees in each program, will the Contractor be required to align pay periods and aggregate payroll across programs for the purposes of overtime limits or calculations, calculating employee FICA withholding thresholds, and accrual/usage of paid and unpaid leave balances?

OLTSS response: For the OLTSS programs, agency providers are currently paid on a weekly basis and most workers at those agencies follow the weekly pay cycle. However, offerors may propose alternate pay cycles and should clearly explain their payroll process and schedule in their proposals. Any limitations on participant choice and control of the pay schedule for employees should be clearly noted and described in the proposal. Any exception or allowances for participant choice should also be included in proposals.

DDA’s response: For participants in the SD service delivery model, they are the Employer of Record and have Budget Authority, based on the payment schedule may vary from payment of their employees weekly or bi-weekly however, as OHS indicated, the offeror may propose a pay cycle and explain their payroll process.

74. For participants who are dually enrolled in more than one program with employees that provide services under each program, may the provider (employee) bill the same hours to both programs (provide DDA and OLTSS services simultaneously) or should the Contractor block the employee from billing both programs for the same hours?

OLTSS response: The participant will be limited in service hours by the limits of their flexible budget and documented needs for covered services. For OLTSS, the awarded vendor will make determinations regarding the approval of services and purchases as medically necessary to prevent institutionalization, and compliant with all applicable regulations.

DDA's response: No. The services are paid based on the approved services in the Person Centered plan.

75. What are the current overtime rules for each program? If the Department limits overtime, is there an exceptions process as recommended by CMS?

For the OLTSS programs, there is no current process for overtime payments. In the agency-only model, the agency is responsible for any overtime payments and policies and procedures vary widely. In the OLTSS self-directed programs, any overtime payments should be anticipated and approved in the plan of service within the flexible budget amount. The offeror should include in their proposals a detailed explanation of the process and policy that is proposed to manage overtime payments, including a process for tracking and reporting unanticipated overtime costs.

76. If an employee works 20 hours per week in one program and 25 hours in another program for the same employer, this could result in overtime in one or both programs depending on the sequence of hours worked. These overtime calculations may also impact individual budgets differently for each program from week to week depending on sequence of hours worked. Does the Department plan to limit overtime across programs? If not, will the program in which the overtime is incurred always bear the additional expense? If the Department does plan to limit cross-program overtime, will the Department establish an exceptions process?

DDA's & OLTSS response: A person must pay any overtime from their existing approved budget amount. There is no additional funds added to a person's budget to cover overtime.

77. Maryland law requires all employers to provide employees with unpaid leave. Montgomery County law requires employers with five or more employees to provide employees with paid leave. If Montgomery County employees with current paid leave balances transition from the incumbent FMS to the new Contractor, will these leave balances be cashed out prior to the transition so that the incumbent FMS does not need to transfer funds to the new Contractor?

The sick & safe leave hours are tied to an individual's employment. If the participant is the employer of record of the staff person - and that isn't changing, then the FMS is simply required to *track it* for the participant. Given that the employment relationship

doesn't change, the staff person is still entitled to the hours, regardless of what entity is doing the tracking of those hours and benefits.

The DDA would ask the current vendors and the future vendor to work out an arrangement to handle these hours and to provide DDA with a copy of the leave hour report.

78. Are Counselors or individual providers (employees) expected to enter data in the HRST system for DDA participants? If so, is the Contractor expected to manage individual provider HRST system access (usernames/passwords)?

DDA's response: The Chief Executive Officer, Executive Director or their designee assigns an individual to be the gatekeeper for the agency. When the gatekeeper changes, DDA Headquarters is notified of the change. The gatekeeper obtains a copy of the user information template from DDA's Director of Nursing. The completed user grid is submitted to the HRST via email.

79. How many DDA Community Pathways Waiver participant employers are also enrolled with LTSS?

DDA Response: The DDA does not have Waiver participants employers enroll in LTSS. The LTSS system current functionality is for the person centered process and targeted case management.